

rhages from incised and other wounds by the vulgar, and even by physicians in some instances, under the belief that they have some specific effect in arresting hemorrhage. This is an erroneous opinion, as they are possessed of no astringent properties whatever. By adhering to the edges of the wound, they interrupt the flow of blood by forming a coagulum, which closes the orifice and stops the bleeding. Cobweb had been used in the case now reported, and if pressure had been made a sufficient length of time it would have answered every desirable purpose. But the substance used by us in this instance (and it was originally suggested by another), answers better, as it combines in its action astringent properties. We certainly believe that this would be the best substance that could be used in those cases of hemorrhage following the extraction of teeth in persons in whom the hemorrhagic diathesis exists, in which there is manifest want of coagulability in the blood. Dipped in a saturated solution of tannin, nothing, it appears to us, would answer a better purpose. Or, the cavity might first be injected with the solution of tannin.¹

ART. XI.—*Premature Delivery, with very rare Presentation of the Foetus.* By W. T. OWEN, M. D., of Louisville, Ky.

I WAS called to see Mrs. J., of Louisville, aged 15 years, primipara, in labour after a seven and a half months' pregnancy, on the 24th of May, at 2 o'clock A. M., and found her with strong, frequently recurring labour-pains, induced by a large dose of castor oil, which she stated that she had taken on the previous evening. Os uteri slightly open. Prescribed sulph. morphiae gr. ss every half hour, or *pro re nata*. Two doses secured perfect tranquillity through the remainder of the night, and for the next twenty-four hours, when I was called again, to find her decidedly in labour, and the os uteri dilated to the size of a half sovereign or over; the lips of the os rigid, membranes tense, uniform to the sense of touch. Unable to distinguish the presentation. Maintained the integrity of the membranes until the anterior lip of the neck of the uterus would easily pass up behind the os pubis and remain, and supposed the nates to be the presenting part; then ruptured the membranes, and a most inordinate flow of liquor amnii passed off instantly. Upon immediate examination, I found the right side of the foetus presenting; the anterior surface of the child corresponding to the anterior aspect of the mother; the right hip of the child in the left iliac region, the right shoulder in the right iliac

¹ [We must take advantage of this opportunity to call attention to the efficacy of the persulphate of iron (Monsel's salt) as an haemostatic. It is undoubtedly the most efficient one we possess, and when procurable, it should not be overlooked.—ED.]

space, equidistant from the os uteri proper. The next pain was very severe, forcing the child down deep into the pelvis, with no prospect of delivery in said position. I demanded a consultation with Prof. Miller. However, I placed her immediately under the influence of chloroform carried to anæsthesia, and the uterus, which hitherto had strongly contracted, and was now moulded to the shape of its contents, relaxed, and enabled me to push up the superior extremity sufficiently to bring down by its next pain the nates; and with the second pain the breech fairly engaged within the os, with a foot and leg flexed on the thigh. I delivered her very shortly after of a living male child. The head was sufficiently long in its detention to cut off the placental circulation, which I counterbalanced in my efforts at extraction—my finger in the child's mouth enabling it to take four inspirations; intra-uterine respiration.

Having given a concise account of the prominent features of the case, I desire to make a few observations by way of synopsis.

1st. The extreme youth of my patient—scarce fifteen years; the vaginal canal, os externum smaller than any accouchée I have ever known. 2d. The propriety of permitting the membranes to remain entire, if possible, until full dilatation of the os takes place. This I deem of the first importance in vertex presentations, and *a fortiori* in nates and other pteratural presentations. 3d. The value of chloroform—in this case most signal. Why? It produced relaxation of the uterus sufficient to enable me to convert a most unusual and dangerous position into a comparatively safe and not unusual one. At the time of the rupture of the membranes, when the fact was clearly before me that I had a side presentation, and I demanded a consultation, my mind was clearly made up that version was unattainable on account of the extreme smallness of the vaginal canal and os externum—that my only chance was embryotomy, and its feasibility for the same cause was a question. I succeeded without other aid. 4th. The inspiration of four full breaths, taken by the child while its face was impacted in the hollow of the sacrum; intra-uterine respiration. 5th. A living child, well formed, uninjured.

ART. XII.—*Case of Placenta Prævia.* By WM. T. TAYLOR, M. D.

ABOUT the beginning of September, 1862, I was engaged to attend Mrs. Q., residing in the 20th ward, during her labour, which was to occur in October following.

For a few months previous, she had been troubled with frequent, but slight uterine hemorrhages, which being attended with no pain, caused her little uneasiness, this being her second gestation.

On the 16th of September, the flow was very profuse, and being somewhat alarmed she sent for me; it however had ceased before my arrival.